

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-041123**

**FILED VS DEC 7 1959**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 3048 Registrar's No. 276

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Nodaway</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>		Length of stay in 1b <u>4 1/2</u> hours	c. CITY OR TOWN <u>Maryville</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1621 North Main</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>KIMBERLY ANN RARFI</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>12 1 59</u>			
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>12/1/59</u>	<b>9. AGE</b> (last birthday) <u>0</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months <u>0</u> Days <u>0</u> Hours <u>4</u> Min. <u>30</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>none</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>none</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Maryville, Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>		
<b>13a. FATHER'S NAME</b> <u>William B. Rabel</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Carolyn McDonald</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>none</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>none</u>	<b>17. INFORMANT</b> Address <u>William B. Rabel, Maryville, Mo.</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Resolving a telecystitis &amp; Pulmonary</u> DUE TO (b) <u>Prematurity (7 months)</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>7 days of hours</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>			
<b>21. I attended the deceased from</b> <u>12-1, 1959</u> to <u>12/1/59</u> and last saw him/her alive on <u>12/1/59</u> Death occurred at <u>5:00</u> A. M. on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) <u>R. E. Dunshoe M. D.</u>			<b>22b. ADDRESS</b> <u>Maryville, Missouri</u>		<b>22c. DATE SIGNED</b> <u>Dec 2, 1959</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	<b>23b. DATE</b> <u>12/2/59</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Wilcox</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Wilcox, Missouri</u>			
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>12-2-59</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Bess Holt</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clum M. Pruitt

Licensed Embalmer No. 1822

P. O. Address Maryville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.